Marriott.

Room Rate Discount Authorization Form

According to Company policy, presentation of this Authorization Form entitles the below-named individual to receive the Associate Room Rate or Friends and Family Rate on a space available basis at participating

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Marriott\International operated and franchised lodging of globally. The Associate Room Rate is limited to a maximum for personal travel only.	or Marriott Vacations Worldwide Corporation properties Imum of two rooms per night. These discounted rates
Accommodations at the discounted rate are requested	for:
Spouse or Domestic Partner of Associate Child of Associate Parent or Parent-in-Law of Associate or Pare Brother or Sister of Associate (only for stays and TownePlace Suites properties) Friends and Family Rate	ent of Domestic Partner at Courtyard, Fairfield Inn, Residence Inn, SpringHill Suites
	(Name of Guest)
Note: Associates must use the current year's Ass This Authorization Form expires 60 days aft	ociate Discount Card. for the issue date.
TERMS AND CONDITIONS OF THE RO	OM RATE DISCOUNT PROGRAM BENEFIT
Falsification or other misrepresentation of informati immediate termination of the associate's employment.	ion on this Authorization Form will constitute grounds for
 This original Authorization Form must be presente check-in and may not be used by anyone other that the completed for each property visited. 	in the authorized individual. A separate form must
2 Photo identification and this Authorization Form are	e required at the time of check-in.
(not business). Associates traveling on business we put their hotel, division, or franchise at risk of losing	who receive the Associate Room Rate for personal travel of the associate room rate discount benefit for all their
misconduct in connection with the associate's emp inappropriate by the management of the hotel whe receiving disciplinary action, loss of room discount employment.	on of Magiott and amiliated companies and that as a guest in a participating hotel will be dealt with as sloyment. Any conduct or behavior deemed are you are a guest could result in the associate privileges, written warnings, and possible termination of
By requesting this room discount benefit, I accept and	agree to abide by the terms and conditions outlined
above.	
(Name of Associate)	(Associate's Employee ID)
Issued By:	
(Name of Manager)	(Manager's Email Address)
(Business Unit/Department/Location)	
(Managar's Phone Number)	(Issue Date)